EXH. 2

AFFIDAVIT OF NON-SERVICE

UNITED STATES DISTRICT COURT
Western District of Virginia

Case Number: 3:17-CV-0072 NFM

Plaintiff:
Elizabeth Sines, et al.

vs.

Defendant:
Jason Kessler, et al.

For:
Robert Cahill
Cooley LLP

Received by CAPITOL PROCESS SERVICES, INC. to be served on **East Coast Knights Of The Ku Klux Klan - c/o William Walters, 7111 Torresdale Avenue, Apartment 1, Philadelphia, PA 19135.**

I, David Hahn, being duly sworn, depose and say that on the **16th day of February, 2018** at **9:10 am, I:**

NON-SERVED the **Summons and First Amended Complaint** for the reason that I failed to find **East Coast Knights Of The Ku Klux Klan - c/o William Walters** or any information to allow further search. Read the comments below for further details.

Additional Information pertaining to this Service:
Service attempted 4 times at the given address with no answer received. On Feb 16, server met with funeral home owner on the 7100 block, same block of William "Bill" Walters' last known address 7111 torresdale. Advised "Bill" was deceased, Joe Sannutti would supply a copy of his death certificate.

02/19/18 received death certificate for William Walters by fax from funeral owner Joseph A. Sannutti, attached hereto.

I am over the age of 18 and have no interest in the above action.

Subscribed and Sworn to before me on the 23rd day of FEB, 2018 by the affiant who is personally known to me.

NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MICHAEL D. TALONE, Notary Public
City of Philadelphia, Phila. County
My Commission Expires May 12, 2019

David Hahn
Process Server

CAPITOL PROCESS SERVICES, INC.
1827 18th Street, N.W.
Washington, DC 20009-5526
(800) 243-8773

Our Job Serial Number: TLL-2018000271
Ref: 1539820

Feb 16 18 10:24p joseph a sannutti 215-333-4470

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P

Certification Number

Cynthia Zeyglewicz NOV 6, 2014

Local Registrar Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

Type/Print in Permanent Black Ink 14-04338 State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix): William Walters Jr.
2. Sex: M
3. Social Security Number:
4. Date of Death (Mo/Day/Yr) (Spell Mo): October 31, 2014

5a. Age-Last Birthday (Yrs): 62
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month): JULY 18, 1952
7a. Birthplace (City and State or Foreign Country): PHILA, PA
7b. Birthplace (County): PHILA.

8a. Residence (State or Foreign Country): PA
8b. Residence (Street and Number • Include Apt No.): 7111 TORRESDALE AVE 2FL
8c. Did Decedent Live in a Township? ☐ Yes, decedent lived in ____ Twsp. ☐ No, decedent lived within limits of Phila city/boro.
8d. Residence (County): Phila
8e. Residence (Zip Code): 19135

9. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. Marital Status at Time of Death: ☐ Married ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage): NONE

12. Father's Name (First, Middle, Last, Suffix): WILLIAM C. WALTERS
13. Mother's Name Prior to First Marriage (First, Middle, Last): ROSE SCHLEIGH

14a. Informant's Name: LISA WALTERS
14b. Relationship to Decedent: SISTER
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code): 6635 TORRESDALE AVE 1ST FL Phila PA 19135

15a. Place of Death (Check only one)
If Death Occurred in a Hospital: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
If Death Occurred Somewhere Other Than a Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

15b. Facility Name (If not institution, give street and number): 7111 Torresdale Ave., Flr 2
15c. City or Town, State, and Zip Code: Philadelphia, PA 19135
15d. County of Death: Philadelphia

16a. Method of Disposition: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
16b. Date of Disposition: 11-7-2014
16c. Place of Disposition (Name of cemetery, crematory, or other place): ALLIED CREMATORY
16d. Location of Disposition (City or Town, State, and Zip): BENSALEM, PA 19020

17a. Signature of Funeral Service Licensee or Person in Charge of Interment: Joseph A. Sannutti
17b. License Number: 011543-L
17c. Name and Complete Address of Funeral Facility: JOSEPH A. SANNUTTI 7101 TORRESDALE AVE Phila PA 19135

18. Decedent's Education – Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g. AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin – Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) ____

20. Decedent's Race – Check One Or More races to indicate what the decedent considered himself or herself to be.
☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other (Specify)

21. Decedent's Single Race Self-Designation – Check only one to indicate what the decedent considered himself or herself to be.
☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☐ Other (Specify)

22a. Decedent's Usual Occupation – Indicate type of work done during most of working life. DO NOT USE RETIRED: CLERK
22b. Kind of Business/Industry: INSURANCE

Items 23a - 23d must be completed by person who pronounces or certifies death.
23a. Date Pronounced Dead (Mo/Day/Yr):
23b. Signature of Person Pronouncing Death (Only when applicable):
23c. License Number:
23d. Date Signed (Mo/Day/Yr):
24. Time of Death: 12:12 AM
25. Was Medical Examiner or Coroner Contacted? ☒ Yes ☐ No

CAUSE OF DEATH

26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Cardiovascular Disease
Due to (or as a consequence of):
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. Was an autopsy performed? ☐ Yes ☒ No
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No

29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

31. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

32. Date of Injury (Mo/Day/Yr) (Spell Month)
33. Time of Injury
34. Place of Injury (e.g. home, construction site, farm, school)
35. Location of Injury (Street and Number, City, County, State, Zip Code)
36. Injury at Work: ☐ Yes ☒ No
37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38. Describe How Injury Occurred:

39a. Certifier – physician, certified nurse practitioner, medical examiner/coroner (Check only one):
☐ Certifying only – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☒ Medical Examiner/Coroner – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: [signature] Title of certifier: Assistant Medical Examiner License Number: MD421805

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): Albert Chu, M.D., 321 University Avenue, Philadelphia 19104
39c. Date Signed (Mo/Day/Yr): 11/1/14

40. Registrar's District Number: 09182
41. Registrar's Signature: Cynthia Zeyglewicz
42. Registrar File Date (Mo/Day/Yr): 11/6/14

43. Amendments